

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>						<b>Serial No.</b> <span style="font-size: 1.5em;">10731177</span>	<b>FILING DATE</b>				
						<b>APPLICANT(S)</b>					
<b>CLAIMS</b>											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1								61			
2								62			
3								63			
4								64			
5								65			
6								66			
7								67			
8								68			
9								69			
10								70			
11								71			
12								72			
13								73			
14								74			
15								75			
16								76			
17								77			
18								78			
19								79			
20			/					80			
21			/	/				81			
22			/	/				82			
23			/	/				83			
24			/	/				84			
25			/	/				85			
26			/	/				86			
27			/	/				87			
28			/	/				88			
29			/	/				89			
30			/	/				90			
31			/	/				91			
32			/	/				92			
33			/	/				93			
34			/	/				94			
35			/	/				95			
36			/	/				96			
37			/	/				97			
38								98			
39								99			
40								100			
41											
42											
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44											
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46											
47											
48											
49											
50											
<b>TOTAL IND.</b>								<b>TOTAL IND.</b>			
<b>TOTAL DEP.</b>								<b>TOTAL DEP.</b>			
<b>TOTAL CLAIMS</b>								<b>TOTAL CLAIMS</b>			